

CITY OF CINCINNATI  
CITIZEN COMPLAINT AUTHORITY  
**CITIZEN COMPLAINT OR INFORMATION FORM**

How Received: \_\_\_ Phone \_\_\_ Fax  
\_\_\_ Email \_\_\_ Office Visit \_\_\_ CPD  
\_\_\_ Other: \_\_\_\_\_  
Received: \_\_\_\_\_  
Taken By: \_\_\_\_\_  
CCA # \_\_\_\_\_  
Assigned To: \_\_\_\_\_

**INSTRUCTIONS:**

This form should be completed only if you wish to initiate a complaint against the Cincinnati Police Department (CPD) or an employee(s) of the CPD. For assistance, please contact the Citizen Complaint Authority at (513) 352-1600 between 8:00 a.m. and 5:00 p.m.

**IF YOU DECIDE TO FILE A COMPLAINT:**

Please complete the complainant information and statement portions below. Once the form is completed it may be delivered to the Citizen Complaint Authority (CCA) at Two Centennial Plaza, 805 Central Avenue, Suite 150, Cincinnati, Ohio 45202. Please notify the CCA if your address or phone number changes prior to the resolution of your complaint

**DATE OF INCIDENT** \_\_\_\_\_ **TIME OF INCIDENT** \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

**LOCATION OF INCIDENT** \_\_\_\_\_

**OFFICER(S)' NAME(S)**, BADGE NUMBER(S), UNIT OF ASSIGNMENT(S) , OR CAR NUMBER(S) (if known)

\_\_\_\_\_  
\_\_\_\_\_

**COMPLAINANT INFORMATION**

**NAME** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
(last) (first) (middle)

**HOME ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**CURRENTLY LIVING AT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PAGER NUMBER** \_\_\_\_\_ **CELL PHONE NUMBER** \_\_\_\_\_

**EMPLOYER/OCCUPATION** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

If you were issued a citation and/or were incarcerated, please provide the following information:

**SSN** \_\_\_\_\_ **Court Date:** \_\_\_\_\_ **What were you charged with?** \_\_\_\_\_

\_\_\_\_\_

**NOTE:** This complaint form along with other necessary documentation will be forwarded to the CCA Executive Director for evaluation and investigative direction. Your complaint may be investigated by the CCA Office or referred to the CPD for investigation. If it is referred to the CPD, the CCA will also review the completed CPD investigation for thoroughness. You will be notified by mail at your above-listed address of the final disciplinary findings (normally within 90 days after the complaint has been filed).

**STATEMENT**

(Please describe both the incident and the specific nature of your complaint as completely as possible. Be sure to give the names, addresses and phone numbers of any witnesses of which you are aware. (Use additional page if necessary))

<b>INJURED?</b> ____NO ____YES <b>By Whom?</b> _____	<b>Did you seek medical attention?</b> ____NO ____YES <b>Name of Doctor/Hospital</b> _____
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Statement (continued)

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(Statement continued)

**WITNESSES:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(If more, please list on a separate sheet.)

**End of Statement**

The information provided in this statement is true and factual to the best of my knowledge. I understand that I may be required to appear in the CCA Office or the CPD Office for further interview or to provide other investigative assistance as necessary.

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Person Assisting**

\_\_\_\_\_  
**Date**

**CITY OF CINCINNATI  
CITIZEN COMPLAINT AUTHORITY**

**STATISTICAL FORM**

The Citizen Complaint Authority is asking the complainant to fill out information requested below.

**NOTE:** This particular information will not become a part of your complaint.  
The CCA is requesting this information for statistical purposes only.

The information contained on this form may be incorporated into the CCA reports. It may also be used to conduct studies or respond to surveys.

**STATISTICAL INFORMATION**

**RACE:** White: \_\_\_\_\_ BiRacial: \_\_\_\_\_  
Hispanic: \_\_\_\_\_ Asian: \_\_\_\_\_  
Black: \_\_\_\_\_ Other: \_\_\_\_\_

**SEX:** Male: \_\_\_\_\_ Female: \_\_\_\_\_

Age: \_\_\_\_\_

